MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1246)

06590

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County Howard

City or town Elkridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 38 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Howard

City or town Elkridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME William Edgar Tuyton

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Nov 23 - 1874

8. AGE: Years 65 Months 6 Days 26 If less than one day ___ hrs. ___ min.

9. Birthplace Elkridge Md
(Town, county, and state)

10. Usual occupation Truck Farmer

11. Industry or business " "

FATHER
12. Name Abraham Joseph Tuyton
13. Birthplace Buckeyestown Frederick Md

MOTHER
14. Maiden name Ann Eliza Hobbs
15. Birthplace Elkridge, Howard Co. Md

16. Informant Emory Tuyton (Bro)
Address Elkridge Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 22, 1940
(month) (day) (year)

Cemetery or ~~crematory~~ Ivy Hill Cemetery

Location Laurel, Md.

18. Funeral director Earp + Stiffler

Address Elkridge, Md.

19. June 22 1940 (Miss) E. Bird Wilbourne
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1940, at 9 42 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29 1940, to June 19 1940, and that I last saw him alive on June 19 1940.

Immediate cause of death Cirrhosis of Liver — DURATION 1 yr.

Due to General arteriosclerosis & — 2 yrs

Due to Ascites — 3 mo.

Other conditions Chr. Myocarditis — 2 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
✓
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?) ___

Means of injury ___ Injured at work?

23. SIGNATURE B. B. Brumbaugh
M. D. or other

Address Elkridge Md Date signed 6/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164a)

CERTIFICATE OF DEATH

06591

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard
City or town Jessups Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Howard
City or town Jessups Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Chas. E. P. Iess

3. (b) Social Security Number none

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife —
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 15th 1927
8. AGE: Years 13 Months 9 Days 2 If less than one day hrs. min.
9. Birthplace Md (Town, county, and state)
10. Usual occupation School
11. Industry or business
12. FATHER Name Wm F. Iess
13. FATHER Birthplace Md
14. MOTHER Maiden name Edna M. Chesgreen
15. MOTHER Birthplace Md
16. Informant Wm F. Iess
Address Jessups Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19th 40 (month) (day) (year)
Cemetery or crematory Meadow Park
Location Hobbey Md
18. Funeral director Lloyd Larsen
Address Laurel Md
19. June 18 1940 (Date rec'd by registrar) (Miss) Iva Bird Miller Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6- 17 1940, at 12 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-17 1940, to 6-17 1940, and that I last saw him alive on no date 19

Immediate cause of death	DURATION
Strangulation due to hanging	Instant
Due to	
Due to	
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide suicides Date of 6-17-40
Where did injury occur? Jessups (City or town) Howard Co (County) Md (State)
Injured at home, farm, industry, public place (where?) home
Means of injury hanging Injured at work? no

23. SIGNATURE George E. Burgtorf M.D.
Deputy medical Examiner M.D. or other
Address Ellicott City Date signed 6-17-40

RECEIVED
JUL 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1647) CB

CERTIFICATE OF DEATH

06592

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VSA15

1. PLACE OF DEATH:
County Howard
City or town Ellicott City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Elkridge Farms
Stay in hospital or inst. (yrs., or mos., or days) ---
Stay in this community (yrs., or mos., or days) 6 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Colorado County ---
City or town Colorado Springs Ward No. ---
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ---
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ---

3. (a) FULL NAME William Henry Kraus

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jeanette Jelinko Kraus
6(c) If alive, give age ---
7. Birth date of deceased (mo., day, yr.): Oct 28, 1888
8. AGE: Years 51 Months 8 Days 29 If less than one day ---hrs. ---min.
9. Birthplace: Baltimore Maryland (Town, county, and state)
10. Usual occupation: None
11. Industry or business: ---
FATHER 12. Name: Henry Kraus
13. Birthplace: Baltimore Md
MOTHER 14. Maiden name: Jeanette Hamberger
15. Birthplace: Balto. Maryland
16. Informant: Mrs. M. Levy
Address: Arlington PR & St. Baltimore Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 28, 1940 (month) (day) (year)
Cemetery or crematory: Har Sedan
Location: Baltimore Md
18. Funeral director: David Sonnheim & Son
Address: 190 W Eutaw Pl. Baltimore
19. June 27, 1940 (Date rec'd by registrar) John B. Laughran Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 27 1940, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 - 27 1940, to 6 - 27 1940, and that I last saw him alive on no date 19---

	DURATION
Immediate cause of death: Hemorrhage	instant
Due to Laceration of throat and left arm	instant
Due to ---	
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 6-27-40
Where did injury occur? Elliott City (City or town) Howard (County) Md. (State)
Injured at home, farm, industry, public place (where?) Elkridge Farms
Means of injury Cut throat, left arm Injured at work? no

23. SIGNATURE George E. Burgtorf MD M. D. or other
Address Elliott City, Md. Date signed 6-27-40
Deputy Medical Examiner Howard Co

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

CERTIFICATE OF DEATH

06593

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard
City or town Savage
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Washington Blvd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Virginia County Fairfax
City or town Lincolnia Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR √

3. (a) FULL NAME Earl Eugene Moore

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1939.

8. AGE:

Years	Months	Days	If less than one day
1	3	5	hrs. min.

9. Birthplace Virginia Washington D.C. (Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Earl T. Moore
13. Birthplace Virginia

MOTHER
14. Maiden name Ruby Phenney
15. Birthplace Virginia

16. Informant Mrs Viola Phenney.
Address Box 173, R7 #3 Alexandria Va.
17. Removal (Burial, cremation, or removal. Which?) Date thereof July 1, 1940 (month) (day) (year)
Cemetery or crematory
Location Alexandria Va.
18. Funeral director Easton Sons
Address Ellicott City
19. 6/30 (Date rec'd by registrar) 19 40 Frank Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30 1940, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-30 1940, to 6-30 1940, and that I last saw him alive on no date 19

Immediate cause of death	DURATION
Cerebral Hemorrhage	instant
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 6-30-40
Where did injury occur? Savage (City or town) Howard (County) Md (State)
Injured at home, farm, industry, public place (where?) Washington Blvd.
Means of injury Auto Accident Injured at work? no

23. SIGNATURE George E. Burgtorf M.D.
Deputy Medical Examiner - Howard Co. M. D. or other
Address Ellicott City Date signed 6-30-40

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-E)

CERTIFICATE OF DEATH

06594

Reg. Diat. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VSA15

1. PLACE OF DEATH:
County Howard.
City or town Savage
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Blvd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Virginia County Fairfax
City or town Lincolnia Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Ruby Moore

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Earl J. Moore.
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1920

8. AGE: Years 20 | Months 1 | Days 13 | If less than one day hrs. min.

9. Birthplace Lincolnia, Virginia (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Henry Phenney.
13. Birthplace Fairfax Co. Va.

MOTHER
14. Maiden name Zola Gaynes
15. Birthplace Fairfax Va.

16. Informant Mrs Viola Phenney
Address Alexandria Va. R.F.D. # 3 Box 143

17. Burial, cremation, or removal. Which?) Removal Date thereof July 1, 1940 (month) (day) (year)

Cemetery or crematory Alexandria Va.
Location Alexandria Va.

18. Funeral director Easton Sons
Address Ellicott City

19. 6/30 1940 Brandt & Shipley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30 1940, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-30 1940 to 6-30 1940, and that I last saw her alive on no date 19

Immediate cause of death	DURATION
fractured Skull	instant
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 6-30-40
Where did injury occur? Savage (City or town) Howard (County) Md. (State)
Injured at home, farm, industry, public place (where?) Washington Blvd.
Means of Injury Auto accident Injured at work? no

23. SIGNATURE George E. Burgtorf M.D.
Deputy Medical Examiner - M. D. or other
Address Ellicott City Date signed 6-30-40

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-7)

06595

CERTIFICATE OF DEATH

Reg. Dist. No. 193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Howard

City or town: Nr. Lisbon Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Nr. Lisbon Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: NONE

3. (a) FULL NAME: Mrs. Maude Davis Gartell Nicoll

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Benjamin B. Nicoll

6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): April 18, 1890

8. AGE: Years	Months	Days	If less than one day
50	1	19	hrs. min.

9. Birthplace: Howard Co., Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: William A. Gartell
13. Birthplace: Brookville, Md.

MOTHER
14. Maiden name: Alice May Waters
15. Birthplace: Baltimore, Md.

16. Informant: Mr. Benjamin B. Nicoll
Address: Nr. Lisbon, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/10/40 (month) (day) (year)

Cemetery or crematory: Pine Grove

Location: Mt. Airy, Maryland

18. Funeral director: M. R. Etchison & Son

Address: Frederick, Maryland

19. June 9- 1940 (Date rec'd by registrar) E. Brad Nevin. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 22 1939, to June 7 1940, and that I last saw her alive on June 5 1940

Immediate cause of death: Carcinoma of Liver with General Metastasis — DURATION: 6 mos.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: C. M. Van Poole M. D. or Coroner

Address: Mt Airy Md Date signed 6-7-40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (195-e)

06596

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County Howard

City or town Ellicott City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Wife

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Howard

City or town Savage Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Carroll Nelson Phelps

3. (b) Social Security Number 219-05-6829 219-05-6829

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9, 1920.

8. AGE: Years 20 Months 4 Days 24 If less than one day hrs. min.

9. Birthplace Savage Howard Co Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Elijah Phelps.
13. Birthplace Howard Co

MOTHER
14. Maiden name Cora Lett
15. Birthplace Howard Co

16. Informant Cora Phelps

Address Savage Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 5 1940 (month) (day) (year)

Cemetery or crematory Savage

Location Savage

18. Funeral director Ridgley Selby

Address 401 Washington Laurel Md

19. 6/3/40 19 Frank Shipley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2 1940, at 5 15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-2 1940, to 6-2 1940, and that I last saw him alive on 6-2 1940.

Immediate cause of death Fracture of Skull, left parietal region Cerebral Hemorrhage

DURATION instant instant

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of 6-2-40

Where did injury occur? Alberton (City or town) Baltimore (County) Md. (State)

Injured at home, farm, industry, public place (where?) Ball diamond

Means of injury Struck by pitched Ball Injured at work? no

23. SIGNATURE George E. Burgtorf MD
Deputy Medical Examiner Howard Co.
M. D. or other

Address Ellicott City, Md. Date signed 6-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

06597

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Howard
City or town: Savage
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 65 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Howard
City or town: Savage Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Elijah H. Phelps

3. (b) Social Security Number: 213-01-7656

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W.	Married.

6 (b) Name of husband or wife: Cora J. Phelps
6 (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Sept. 9th, 1874

8. AGE:

Years	Months	Days	If less than one day
65	8	29	hrs. min.

9. Birthplace: Savage, Howard Co., Md.
(Town, county, and state)
10. Usual occupation: Laborer.
11. Industry or business: Textile.

FATHER
12. Name: Benj. Phelps.
13. Birthplace: Md.

MOTHER
14. Maiden name: Bounds.
15. Birthplace: Md.

16. Informant: Mrs. Cora Phelps
Address: Savage, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/11/40 (month) (day) (year)
Cemetery or crematory: Savage
Location: Savage
18. Funeral director: Ridgely & Selby
Address: Laurel, Md.

19. 6/10/40 (Date rec'd by registrar) 19 Frank Shipley, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8th 1940, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1st 1939 to June 8th 1940, and that I last saw him alive on June 8th 1940

Immediate cause of death: Myeloid Leukemia — DURATION: 1 yr.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Frank Shipley, M. D.
M. D. or other
Address: Savage, Md. Date signed 6/10/40

RECEIVED
JUL 3 1940
BUREAU V. S.